

**DECLARATION (37 CFR §1.63) FOR UTILITY OR  
DESIGN PATENT APPLICATION  
USING AN  
APPLICATION DATA SHEET (37 C.F.R. § 1.76)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number      UTR-107X

First Named Inventor      Aaron D. Peacock

**COMPLETE IF KNOWN**

Application Number

Filing Date      February 27, 2004

Group Art Unit

Examiner Name

This declaration is directed to an application entitled: **Methods of Sampling Microbial Communities and Apparatus Therefor**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

The attached application, including the attached Preliminary Amendment, or

Application No. \_\_\_\_\_, filed on \_\_\_\_\_,  
as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**Full Name(s) of Inventors**

Inventor One: Aaron D. Peacock

Citizen of: US

Signature:

Inventor Two: Greg A. Davis

Citizen of: US

Signature:

Inventor Three: David C. White

Citizen of: US

Signature:

Inventor Four:

Citizen of:

Signature:

☐ Additional inventors are being named on the \_\_\_ additional form(s) attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)  
Approved for use through 10/31/2002. OMB 0651-0035  
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	February 27, 2004
First Named Inventor	Aaron D. Peacock
Title	Methods of Sampling Microbial Communities and Apparatus Therefore
Group Art Unit	
Examiner Name	
Attorney Docket Number	UTR-107X

I hereby appoint:

- ☒ Practitioners at Customer Number  
**OR**  
☐ Practitioner(s) named below:

23557

Place Customer  
Number Bar Code  
Label here

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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**OR**

Firm or <input type="checkbox"/> Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

- ☒ Applicant/Inventor.  
  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	Greg A. Davis
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, VA 22313.

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Firm or <input type="checkbox"/> Individual Name					
Address					
Address					
City		State		Zip	
Country					
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Name	David C. White
Signature	
Date	

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<b>Title</b>	Methods of Sampling Microbial Communities and Apparatus Therefore
<b>Group Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	UTR-107X

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**OR**

<input type="checkbox"/> Firm or <input type="checkbox"/> Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

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